Enroll As Individual Provider-Rendering/Servicing Only Quick Reference

Business Rules

- All Applications must be completed and submitted for **State Review** within **30 calendar days** of the original start date or they will be deleted.
- Within the application, the required fields are marked with an asterisk **(*)**.
- When using the **Filter By** feature, the percent sign **(%)** acts as a wildcard. It can be used in conjunction with search criteria or by itself.
- Enter the **Start** and **End Dates** using the **mm/dd/yyyy** format.
- Contact the **CHAMPS Hotline** at **1-888-643-2408** or **CHAMPS@michigan.gov** for expert assistance.

Steps to Modify an existing **Enrollment Application** prior to it being submitted to the **State:**

1. Access **CHAMPS** using **Single Sign-On (SSO)**
2. Follow **CHAMPS** login screen prompts
3. Click the **Provider** tab
4. Click **Provider Enrollment** hyperlink
5. Click **Track Application** hyperlink
6. Enter **Application ID** (14-digit number)
7. Click the **Submit** button

Action	Enroll As Individual Provider Rendering/Servicing Only - Login	Notes
Login to CHAMPS	1. Access **CHAMPS** using **SSO** 2. Follow **CHAMPS** login screen prompts	• Must apply for access to **CHAMPS** System.
Action	**Enroll As Individual Provider Rendering/Servicing Only – Select Provider Type**	**Notes**

Select Provider Type	1. Click the **Provider** tab
	2. Click the **Provider Enrollment** hyperlink
	3. Click the **New Enrollment** hyperlink
	4. Select the **Individual/Sole Proprietor** radio button
	5. Click the **Submit** Submit button
	6. Select **Rendering/Servicing Only** as **Applicant Type**
	7. Complete the required and desired optional fields
	8. Click **Confirm** Confirm button
	9. Click **Finish** Finish button
	10. Make note of your Application ID
	11. Click the **OK** OK button and the **Individual/ Rendering/ Servicing Only Enrollment Business Process Wizard** displays with the **Status** of **Add Basic Information Step 1** as **Complete**
		• The **Provider Menu** page displays.
		• The **Provider Enrollment Menu** page displays.
		• The **Select Enrollment Type** page displays.
		• Clicking the **Submit** button causes the **Add Basic Information** page to display.
		
		After clicking the **Finish** button, the **Issue Application ID** page displays with the **Application ID** number. Your Application ID is required to track the status of your application.
		• The **Application Number** is a 14-digit number that has the following components:
		    • The **System Date**, represented as yyyymmdd
		    • A **6-digit** system-generated number
		    • An example of an application number is: **20071007163755**
		• To modify **Basic Information**, click the **Step 1: Provider Basic Information** hyperlink from the Business Process Wizard.

Action	Enroll As Individual Provider Rendering/Servicing Only – Step 2: Add Specialties (Required)	Notes
Step 2: Add Specialties	1. Click the **Add Specialties** hyperlink from the Business Process Wizard 2. Click the **Add** [Add] button 3. Complete required fields and any desired optional fields 4. Click the **OK** [OK] button. Repeat steps 2 – 4 for each additional **Specialty**. 5. Click the **Close** [Close] button	• The **Specialty List for Enrollment** page displays. • Once a **Specialty** is selected, the page refreshes with the available **Subspecialties** for the chosen **Specialty**. • To modify **Specialties**, click the **Step 2: Specialties** hyperlink from the Business Process Wizard.
Action	**Enroll As Individual Provider Rendering/Servicing Only – Step 3: Associate Billing Provider (Required)**	**Notes**
Step 3: Associate Billing Provider	1. Click the **Associate Billing Provider** hyperlink from the Business Process Wizard. 2. Click the **Add** [Add] button 3. In the **NPI** field, enter the Provider's NPI number 4. Click on the **Confirm Provider** [Confirm Provider] button. The page will refresh with the **Provider Name** populated 5. Complete required and any desired optional fields 6. Click the **OK** [OK] button. Repeat steps 2 – 6 for each additional **Billing Provider**. 7. Click the **Close** [Close] button	• The **Billing Provider List for Enrollment** page displays. • To modify a **Billing Provider**, click the **Step 3: Associate Billing Provider** hyperlink from the Business Process Wizard.
Action	**Enroll As Individual Provider Rendering/Servicing Only – Step 4: Add Licenses and Certifications (Optional)**	**Notes**
Step 4: Add Licenses and Certifications	1. Click the **Add Licenses/Certification Details** hyperlink 2. Click the **Add** [Add] button 3. Complete the required and desired optional fields 4. Click **Confirm License/Certification** [Confirm License/Certification] button. 5. Click the **OK** [OK] button. Repeat steps 2 – 5 for each additional **License/Certification.** 6. Click the **Close** [Close] button	• The **Provider License/Certification List for Enrollment** page displays. • The **Valid Flag** is set to **Yes** or **No** when the license is validated against the file. • To modify **Licenses/Certification**, click the **Step 4: Licenses/ Certification Details** hyperlink from the Business Process Wizard.

Action	Enroll As Individual Provider Rendering/Servicing Only – Step 5: Add Ownership Details (Optional)	Notes
Step 5: Add Ownership Details	1. Click the **Add Ownership Information** hyperlink from the Business Process Wizard 2. Click the **Add** [Add] button 3. Click the **Add Other Owned Entity** [Add Other Owned Entity] button 4. Enter **Address Line 1** and **Zip Code** fields 5. Click **Validate Address** [Validate Address] button 6. Complete required and any desired optional fields 7. Click the **OK** [OK] button. Repeat steps 2 – 7 for each additional **Other Owned Entity** 8. Click the **Close** [Close]	• The **Provider Ownership List for Enrollment** page displays. • **Ownership** information is only required if the Provider owns more than 5 percent interest in other entity reimbursable by Medicaid/Medicare. • **Validate Address** button validates specified address information, pre-populates **City/Town, State/Province, County** and **Country**. A message displays **Address Validated** and the address is standardized. • To modify **Ownership**, click the **Step 5: Ownership Details** hyperlink from the Business Process Wizard.
Action	**Enroll As Individual Provider Rendering/Servicing Only – Step 6: Add Taxonomy Details (Required)**	**Notes**
Step 6: Add Taxonomy Details	1. Click the **Add Taxonomy Details** hyperlink from the Business Process Wizard 2. Click the **Add** [Add] button 3. Enter the **Taxonomy Code** 4. Click the **Confirm Taxonomy** [Confirm Taxonomy] button. The **Taxonomy Code** is validated and the page refreshed with the Description field populated. 5. Complete required and any desired optional fields 6. Click the **OK** [OK] button. Repeat steps 2 – 6 for each additional **Taxonomy Code** 7. Click the **Close** [Close] button	• The **Provider Taxonomy List for Enrollment** page displays. • At least one **Taxonomy Code** must be added. • **Taxonomy Codes** are **Alpha numeric** and always in upper case. • To view a list of available **Taxonomy Codes**, click the ◂ on the ◂ (Click here for Taxonomy List) hyperlink**.** • To modify **Taxonomy Codes**, click the **Step 6: Taxonomy Details** hyperlink from the Business Process Wizard.

Action	Enroll As Individual Provider Rendering/Servicing Only – Step 7: Complete Enrollment Checklist (Required)	Notes
Step 7: Complete Enrollment Checklist	1. Click the **Complete Enrollment Checklist** hyperlink from the Business Process Wizard 2. Answer each question by selecting appropriate answer from the **Answer** drop-down list 3. Add comments in **Comments** section if required 4. Click the **Save** [Save] button 5. Click the **Close** [Close] button	• The **Complete Provider Checklist for Enrollment** page displays. • The selected **Enrollment Type** determines which **Checklist** questions are displayed. • Answers to the questions determine if a **Comment** is **Required** • To modify the **Enrollment Checklist**, click the **Step 7: Complete Enrollment Checklist** hyperlink from the Business Process Wizard.
Action	**Enroll As Individual Provider Rendering/Servicing Only – Step 8: Submit Enrollment Application for Approval (Required)**	**Notes**
Step 8: Submit Enrollment Application for Approval	1. Click the **Submit Enrollment Application for Approval** hyperlink from the Business Process Wizard 2. Click the **Next** [Next] button 3. Select the **Checkbox (...I certify and accept…)** 4. Click the **Submit Application** [Submit Application] button 5. Click the **OK** [OK] button. The screen returns to the **Business Process Wizard** screen. The **Status** of the application changes from **"In-Process"** to **"In-Review"** 6. Click the **Close** [Close] button	• The **Submit Enrollment Application for Approval** page displays. • After the application is submitted for approval, Providers cannot change enrollment information until the application has been approved. • To modify the **Submit Enrollment Application for Approval** that has not been submitted yet, click the **Step 8: Submit Enrollment Application for Approval** hyperlink from the Business Process Wizard.